



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

November 26, 2013

Public Health & Emergency Preparedness Bulletin: # 2013:47 Reporting for the week ending 11/23/13 (MMWR Week #47)

CURRENT HOMELAND SECURITY THREAT LEVELS

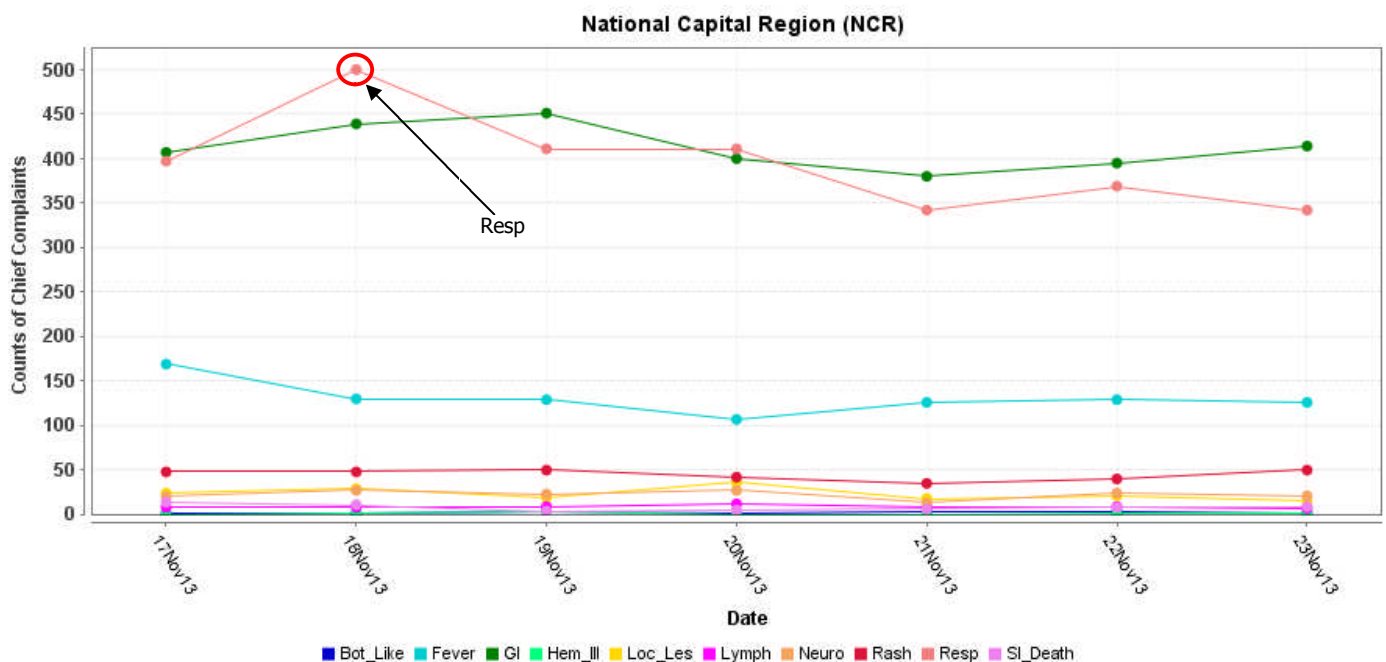
National: No Active Alerts
Maryland: Level Four (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

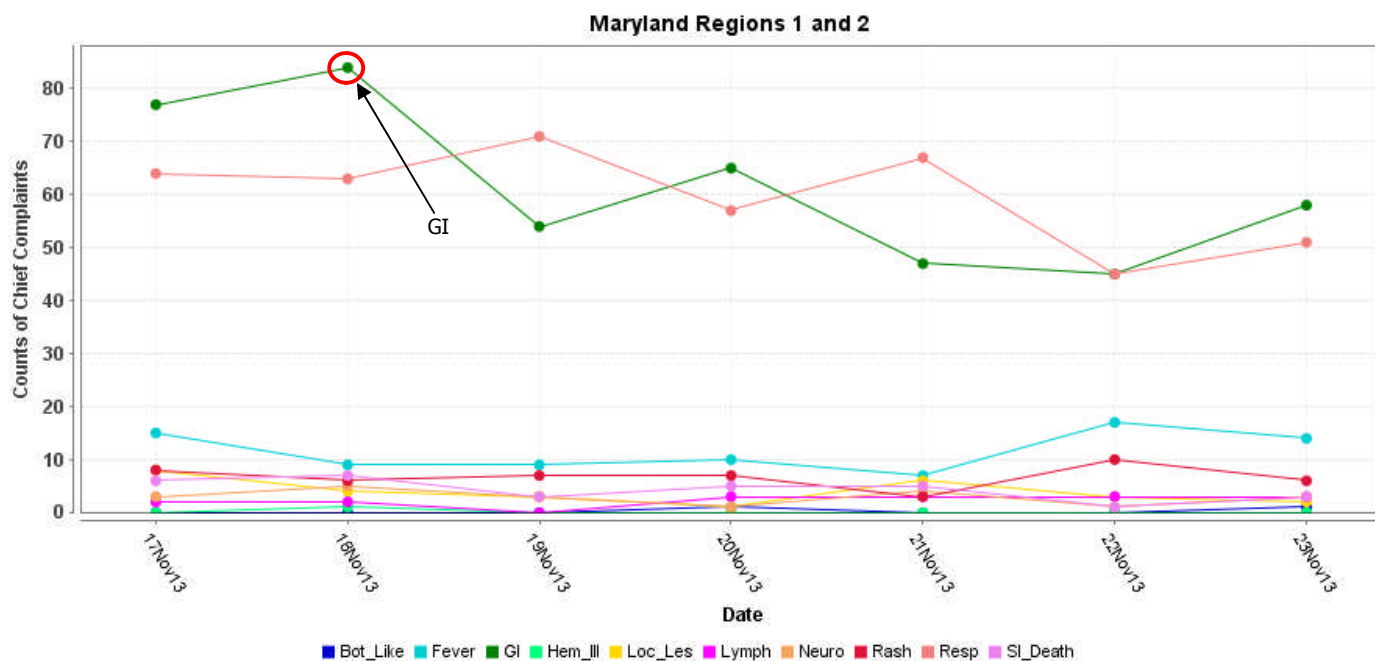
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

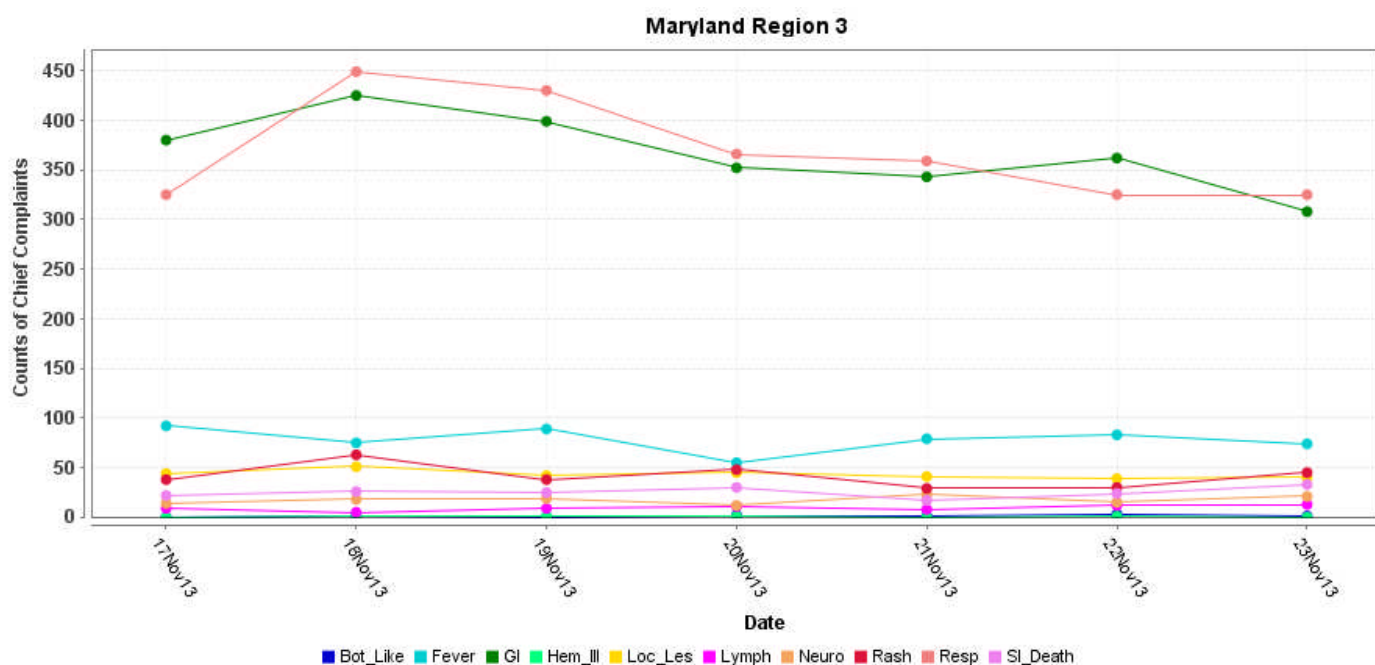


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

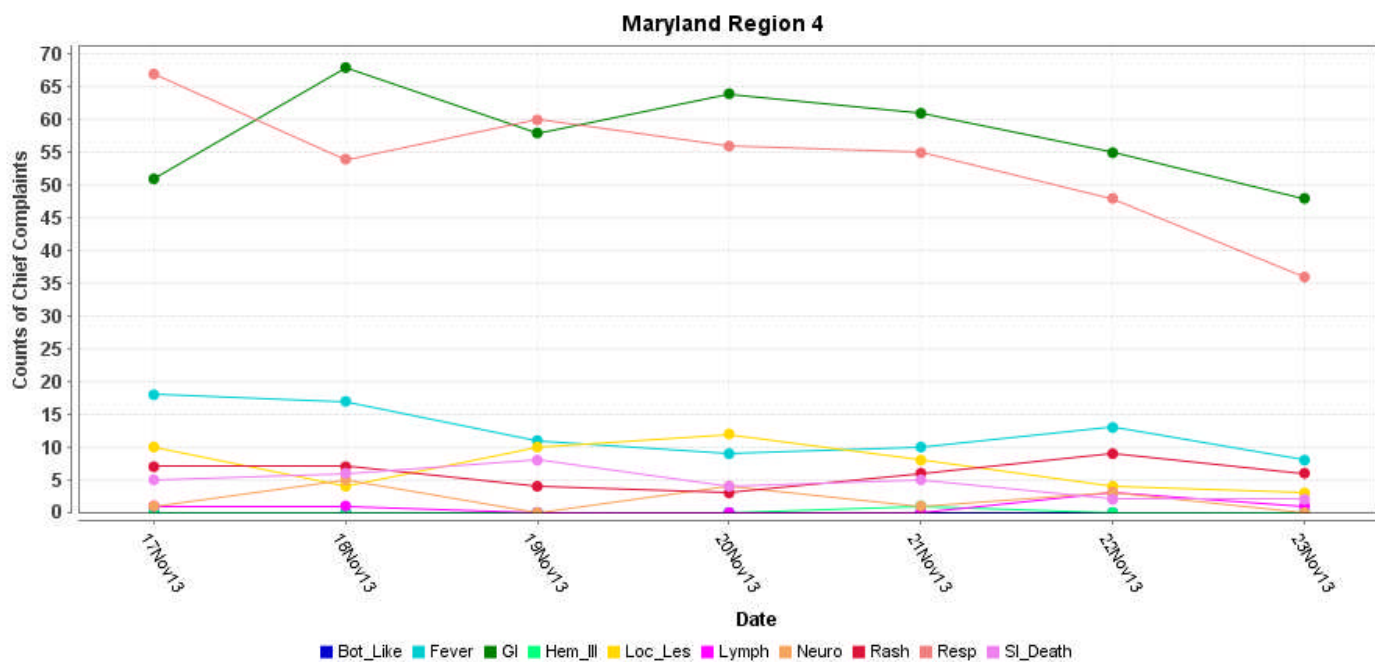
MARYLAND ESSENCE:



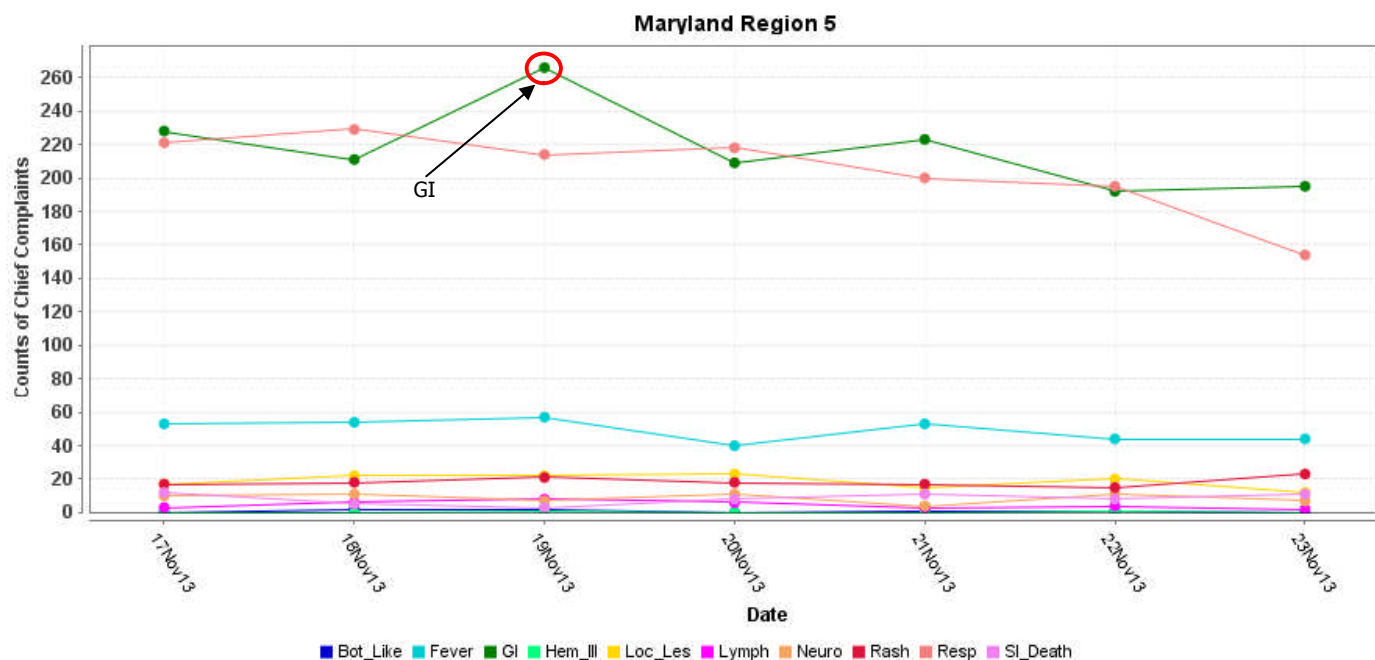
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE

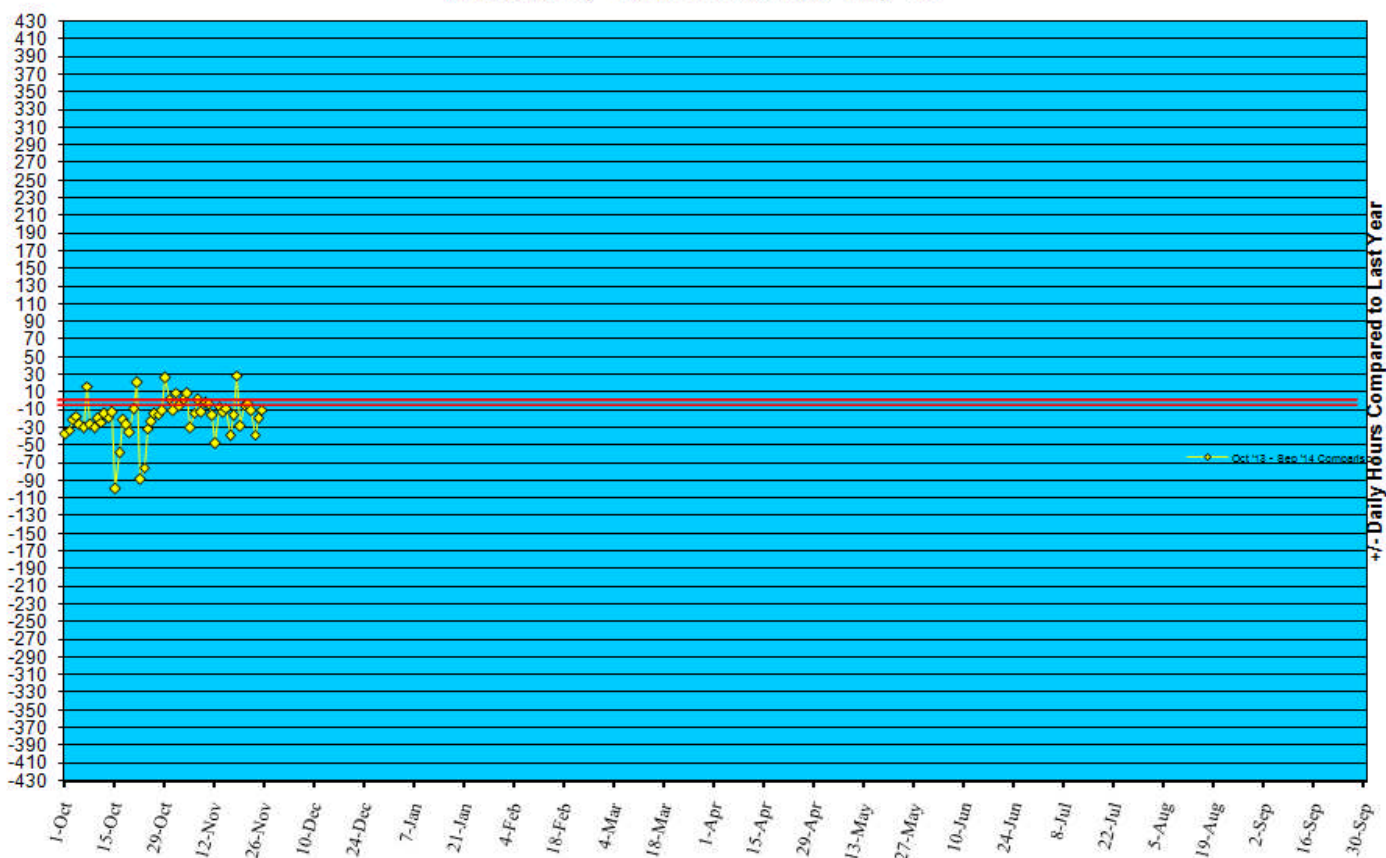


* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/13.

Statewide Yellow Alert Comparison Daily Historical Deviations October 1, '13 to November 23, '13



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in October 2013 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	Aseptic	Meningococcal
New cases (November 17 - November 23, 2013):	4	0
Prior week (November 10 - November 16, 2013):	6	0
Week#47, 2012 (November 19 – November 25, 2012):	7	0

1 outbreak was reported to DHMH during MMWR Week 47 (November 17 - November 23, 2013)

1 Gastroenteritis Outbreak

1 outbreak of GASTROENTERITIS in a Nursing Home

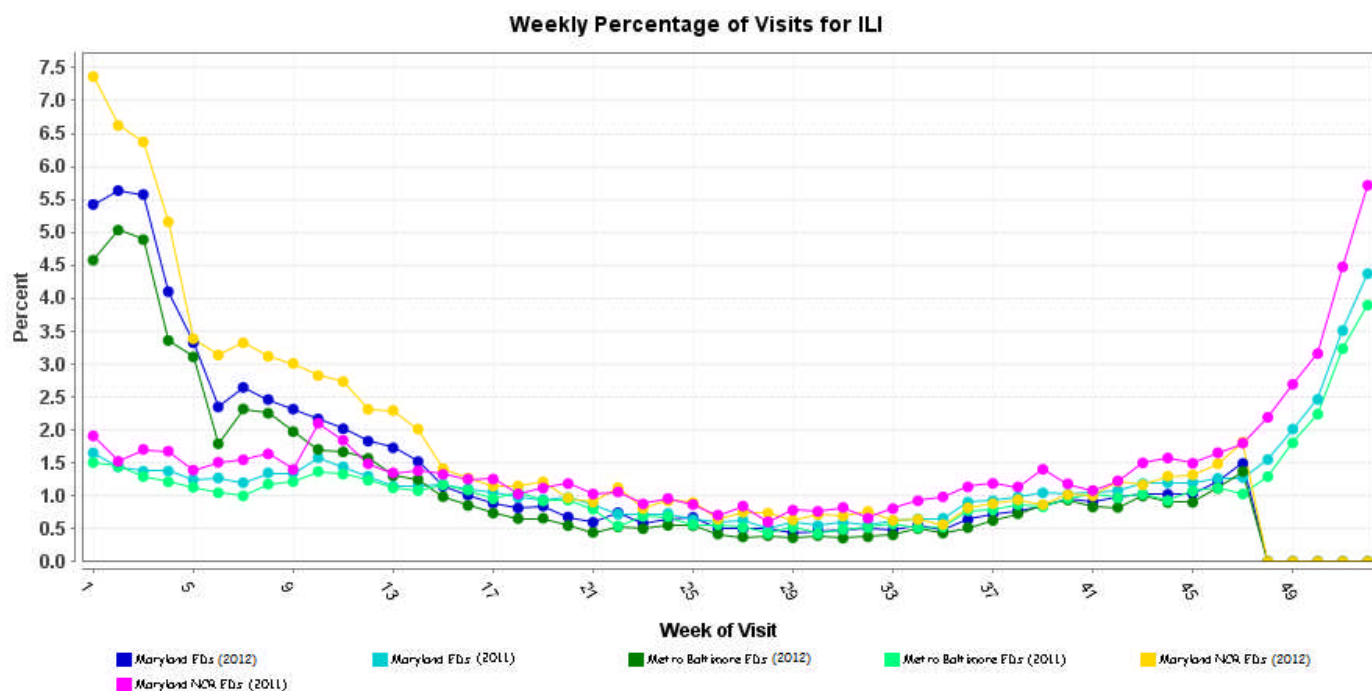
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May. Seasonal influenza activity for Week 46 was: Local Spread with Minimal Intensity

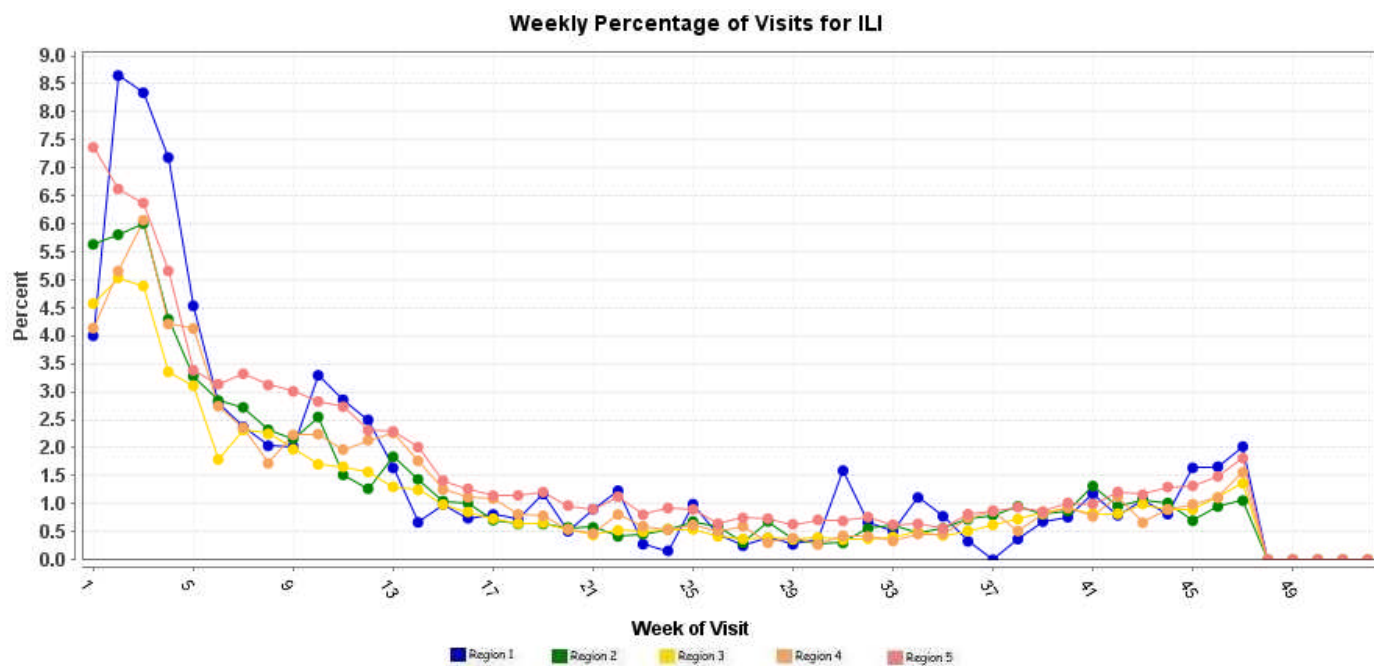
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



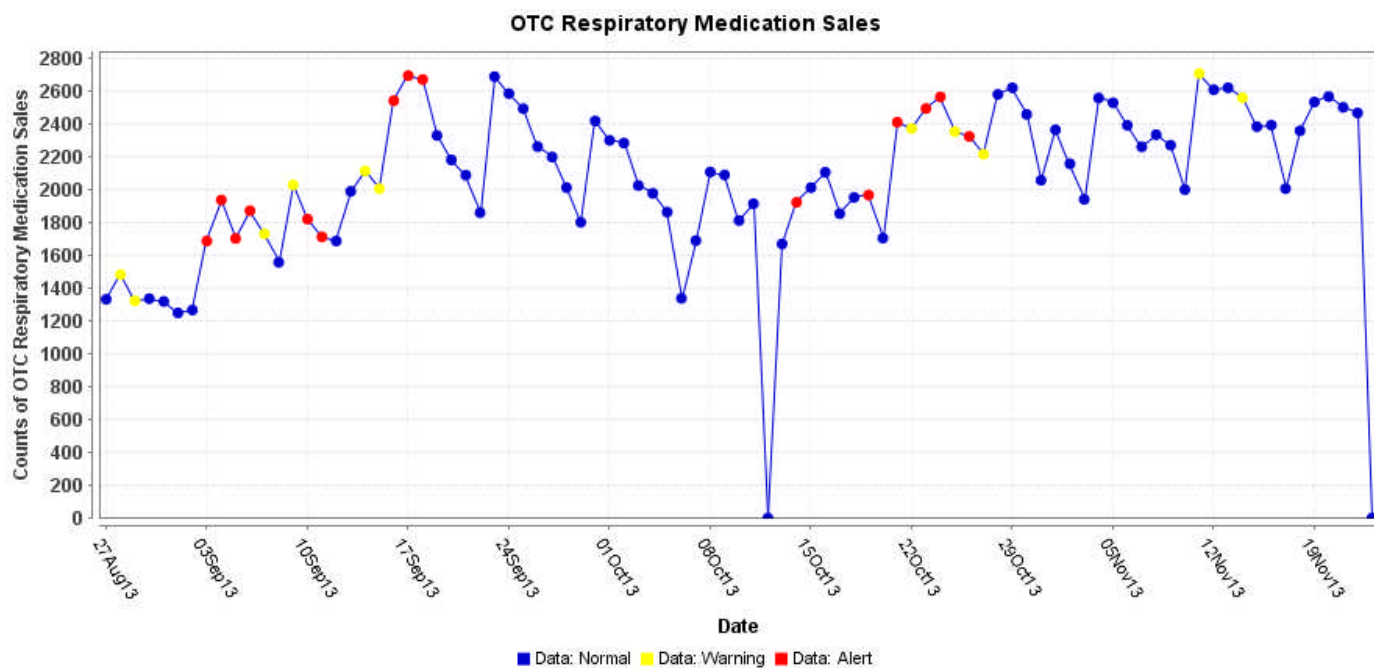
* Includes 2012 and 2013 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



*Includes 2013 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. As yet, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national and global levels, are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of October 8, 2013, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 641, of which 380 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 59%.

NATIONAL DISEASE REPORTS*

E. COLI EHEC (TENNESSEE): 21 November 2013, Tennessee Health Department officials have tracked cases of *E. coli* found in 9 children back to a Knox County raw milk dairy. The health department announced today [21 Nov 2013] that bacterial strains in the milk matched strains found in feces at the dairy. "This outbreak points out, again, the serious risks associated with drinking unpasteurized or 'raw' milk," health commissioner John Dreyzehner said in a statement. "While people with stronger immune systems may be able to overcome the bacteria found in raw milk, children, older people, pregnant women, and those with health conditions can be seriously harmed by bacteria in non-pasteurized milk products and should not consume them." The milk came from McBee Dairy Farm in Mascot, Tennessee, which officials shut down for testing after the outbreak. It reopened earlier this month [November 2013]. As part of the agreement that allowed it to reopen, McBee Dairy Farm will work with a University of Tennessee Agricultural Extension Office food safety expert. Three of the 9 children became seriously ill, but all recovered. Raw milk goes from cow to consumer without pasteurization and is legal for personal use in Tennessee, although it can't be sold except as pet food. Advocates say that lack of pasteurization makes it better for people with milk allergies or who want to cultivate raw milk's "good" bacteria to aid digestion. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *non-suspect case

SALMONELLOSIS (USA): 19 November 2013, As of 15 Nov 2013, a total of 389 individuals infected with the outbreak strains of *Salmonella* [*enterica* serotype] *Heidelberg* have been reported from 23 states and Puerto Rico. Most of the ill people (74 per cent) have been reported from California. Since the last update on 30 Oct 2013, 28 new cases have been reported from 8 states: Arizona (2), California (20), Idaho (1), Illinois (1), Louisiana (1), Nevada (1), Oregon (1), and Virginia (1). One ill person from Texas has been removed from the CDC case count because the person does not meet the outbreak case definition. Among 380 people for whom information is available, illness onset dates range from 1 Mar 2013 to 29 Oct 2013. Ill people range in age from less than 1 year to 93 years, [median 19 years]. 52 per cent of cases are male. Among 312 people with available information, 125 (40 per cent) reported being hospitalized. 14 per cent of ill people have developed blood infections as a result of their illness. Typically, about 5 per cent of those diagnosed with salmonellosis develop blood infections. No deaths have been reported. Illnesses that occurred after 14 Oct 2013 might not be reported yet due to the time it takes between when a person becomes ill and when the illness is reported. This takes an average of 2 to 4 weeks. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS*

PARALYTIC SHELLFISH POISONING (PHILIPPINES): 22 November 2013, A total of 7 people, including a child and 2 women, acquired paralytic shellfish poisoning (PSP) after eating sunset shell or "sulib" contaminated by red tide toxin gathered at the Manila Bay area in this town [Samal, Bataan] early this week. Danilo Abrera, fisheries division chief of the Office of the Provincial Agriculturist, said his office disseminated the information on the shellfish ban on 4 Nov 2013 to all mayors, municipal and city fisheries councils, and other government agencies. "We did everything. We did not miss in disseminating the information about the shellfish ban. That's why we were surprised that this incident happened. May this serve as lesson to all and hopefully, there will be no more to follow," he said. Two men gathered the sulib and prepared it in a drinking session with 2 others, all from Barangay Sapa [in Samal]. All 4 victims complained of numbness of body and lips and were rushed to the district hospital in Orani town. An 11 year old girl and 2 adult women also ate "adobong sulib" bought from the men and were also confined at the Orani district hospital. "I ate adobong sulib at around 7:30 pm Monday [11 Nov 2013] and at around 2 am Tuesday [12 Nov 2013], I felt numbness on my feet and arms," one said. "I felt dizzy as if there was an earthquake," another added. The victims said they ate from 2 to 6 spoonfuls of the shellfish Monday afternoon and felt pains the next morning. Dr. Rosalie Manubay, assistant chief of the Orani District Hospital, said the symptoms registered were those of shellfish poisoning. She said the victims were all given medication and placed under observation. The Bureau of Fisheries and Aquatic Resources issued an advisory during the previous week banning the gathering, selling, transporting, and eating of shellfish in the whole of Bataan after samples of shellfish gathered showed high toxicity level beyond the tolerable limit. The affected towns are Orani, Samal, Abucay, Pilar, Orion, Limay, and Mariveles, and the city of Balanga -- all coastal areas facing Manila Bay in Bataan. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

SALMONELLA (AUSTRALIA): 19 November 2013, 25 people have now tested positive for salmonella linked to contaminated mayonnaise served at 40 Melbourne Cup functions, including 11 who needed hospital care. Three people are still in hospital. The contamination, revealed on Thursday, 14 Nov 2013, contributed to the death of a 77 year old woman. A further 165 people are suspected of having been poisoned after reporting symptoms, according to Metro North public health unit director Dr Susan Vlack. Health officials say up to 700 people could have been exposed to the bacteria. Piccalilli Catering said it was the company at the centre of the scare, blaming eggs from a wholesaler it has since dumped. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

MERS-COV (SAUDI ARABIA, QATAR): 19 November 2013, Within the framework of the epidemic investigation and the continuous follow-up carried by the Ministry of Health for MERS-CoV, the Ministry of Health declares the recording of 2 MERS-CoV cases. The 1st case is a 73 year old female citizen from Riyadh region who was suffering from several chronic illnesses and has passed away. The 2nd case is a 65 year old male citizen from Al Jowf region who was also suffering from several chronic illnesses and has been transferred to Riyadh region to complete treatment in the intensive care unit. (Emerging Infectious Diseases are listed in Category C on the CDC List of Critical Biological Agents) *Non-suspect case

National and International Disease Reports are retrieved from <http://www.promedmail.org/>.

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website:
<http://preparedness.dhmh.maryland.gov/>

Maryland's Resident Influenza Tracking System: <http://dhmh.maryland.gov/flusurvey>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents

Table: Text-based Syndrome Case Definitions and Associated Category A Conditions

Syndrome	Definition	Category A Condition
Botulism-like	ACUTE condition that may represent exposure to botulinum toxin ACUTE paralytic conditions consistent with botulism: cranial nerve VI (lateral rectus) palsy, ptosis, dilated pupils, decreased gag reflex, media rectus palsy. ACUTE descending motor paralysis (including muscles of respiration) ACUTE symptoms consistent with botulism: diplopia, dry mouth, dysphagia, difficulty focusing to a near point.	Botulism
Hemorrhagic Illness	SPECIFIC diagnosis of any virus that causes viral hemorrhagic fever (VHF): yellow fever, dengue, Rift Valley fever, Crimean-Congo HF, Kyasanur Forest disease, Omsk HF, Hantaan, Junin, Machupo, Lassa, Marburg, Ebola ACUTE condition with multiple organ involvement that may be consistent with exposure to any virus that causes VHF ACUTE blood abnormalities consistent with VHF: leukopenia, neutropenia, thrombocytopenia, decreased clotting factors, albuminuria	VHF
Lymphadenitis	ACUTE regional lymph node swelling and/ or infection (painful bubo- particularly in groin, axilla or neck)	Plague (Bubonic)
Localized Cutaneous Lesion	SPECIFIC diagnosis of localized cutaneous lesion/ ulcer consistent with cutaneous anthrax or tularemia ACUTE localized edema and/ or cutaneous lesion/ vesicle, ulcer, eschar that may be consistent with cutaneous anthrax or tularemia INCLUDES insect bites EXCLUDES any lesion disseminated over the body or generalized rash EXCLUDES diabetic ulcer and ulcer associated with peripheral vascular disease	Anthrax (cutaneous) Tularemia
Gastrointestinal	ACUTE infection of the upper and/ or lower gastrointestinal (GI) tract SPECIFIC diagnosis of acute GI distress such as Salmonella gastroenteritis ACUTE non-specific symptoms of GI distress such as nausea, vomiting, or diarrhea EXCLUDES any chronic conditions such as inflammatory bowel syndrome	Anthrax (gastrointestinal)

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

Syndrome	Definition	Category A Condition
Respiratory	<p>ACUTE infection of the upper and/ or lower respiratory tract (from the oropharynx to the lungs, includes otitis media)</p> <p>SPECIFIC diagnosis of acute respiratory tract infection (RTI) such as pneumonia due to parainfluenza virus</p> <p>ACUTE non-specific diagnosis of RTI such as sinusitis, pharyngitis, laryngitis</p> <p>ACUTE non-specific symptoms of RTI such as cough, stridor, shortness of breath, throat pain</p> <p>EXCLUDES chronic conditions such as chronic bronchitis, asthma without acute exacerbation, chronic sinusitis, allergic conditions (Note: INCLUDE <i>acute exacerbation</i> of chronic illnesses.)</p>	<p>Anthrax (inhalational)</p> <p>Tularemia</p> <p>Plague (pneumonic)</p>
Neurological	<p>ACUTE neurological infection of the central nervous system (CNS)</p> <p>SPECIFIC diagnosis of acute CNS infection such as pneumococcal meningitis, viral encephalitis</p> <p>ACUTE non-specific diagnosis of CNS infection such as meningitis not otherwise specified (NOS), encephalitis NOS, encephalopathy NOS</p> <p>ACUTE non-specific symptoms of CNS infection such as meningismus, delirium</p> <p>EXCLUDES any chronic, hereditary or degenerative conditions of the CNS such as obstructive hydrocephalus, Parkinson's, Alzheimer's</p>	Not applicable
Rash	<p>ACUTE condition that may present as consistent with smallpox (macules, papules, vesicles predominantly of face/arms/legs)</p> <p>SPECIFIC diagnosis of acute rash such as chicken pox in person > XX years of age (base age cut-off on data interpretation) or smallpox</p> <p>ACUTE non-specific diagnosis of rash compatible with infectious disease, such as viral exanthem</p> <p>EXCLUDES allergic or inflammatory skin conditions such as contact or seborrheic dermatitis, rosacea</p> <p>EXCLUDES rash NOS, rash due to poison ivy, sunburn, and eczema</p>	Smallpox
Specific Infection	<p>ACUTE infection of known cause not covered in other syndrome groups, usually has more generalized symptoms (i.e., not just respiratory or gastrointestinal)</p> <p>INCLUDES septicemia from known bacteria</p> <p>INCLUDES other febrile illnesses such as scarlet fever</p>	Not applicable

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents (continued from previous page)

Syndrome	Definition	Category A Condition
Fever	<p>ACUTE potentially febrile illness of origin not specified</p> <p>INCLUDES fever and septicemia not otherwise specified</p> <p>INCLUDES unspecified viral illness even though unknown if fever is present</p> <p>EXCLUDE entry in this syndrome category if more specific diagnostic code is present allowing same patient visit to be categorized as respiratory, neurological or gastrointestinal illness syndrome</p>	Not applicable
Severe Illness or Death potentially due to infectious disease	<p>ACUTE onset of shock or coma from potentially infectious causes</p> <p>EXCLUDES shock from trauma</p> <p>INCLUDES SUDDEN death, death in emergency room, intrauterine deaths, fetal death, spontaneous abortion, and still births</p> <p>EXCLUDES induced fetal abortions, deaths of unknown cause, and unattended deaths</p>	Not applicable

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION**

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